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WEMMH SB/01 (08-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)		Attorney Docket Number	7024-561
		First Named Inventor	Gil U. LEE
		COMPLETE IF KNOWN	
		Application Number	
		Filing Date	December 22, 2004
		Art Unit	
		Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe that the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MAGNETIC NANOMATERIALS AND METHODS FOR DETECTION OF BIOLOGICAL MATERIALS

(Title of the Invention)

The specification of which

☐ is attached hereto  
**OR**
☒ was filed on (MM/DD/YYYY) 06/30/2003 as United States Application Number or PCT International

Application Number PCT/US2003/02 0226 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part-applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.			
<b>Application Number(s)</b> 60/392,2192	<b>Filing Date (MM/DD/YYYY)</b> 06/28/2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.	
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.			
<b>U.S. Parent Application or PCT Number</b> 10/373,600	<b>Parent Filing Date (MM/DD/YYYY)</b> 02/24/2003	<b>Parent Patent Number (If applicable)</b>	
10/373,609	02/24/2003		
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:			
<input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; padding: 2px 10px;">30565</span> OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below.			
<b>Name</b>	<b>Registration Number</b>	<b>Name</b>	<b>Registration Number</b>
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.			
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; padding: 2px 10px;">30565</span> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])	Gil U..	Family Name or Surname	LEE
Inventor's Signature		Date	
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Mailing Address 411 North 400 West			
City West Lafayette	State IN	ZIP 47906	Country US
<input type="checkbox"/> Additional inventors are being named on the__ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

<b>NAME OF JOINT INVENTOR, IF ANY:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any]) <b>Ronald P.</b>		Family Name or Surname <b>ANDRES</b>	
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<b>NAME OF JOINT INVENTOR, IF ANY:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
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Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

  

<b>NAME OF JOINT INVENTOR, IF ANY:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

  

<b>NAME OF JOINT INVENTOR, IF ANY:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country